



MED Works Request for Independence  
and Self-Sufficiency Account  
State Form 50929(7-02) FI0045



Name	Caseworker	Telephone
Address	Office of Family & Children	
Case Number		

The M.E.D Works program allows a special asset disregard for an "Independence & Self-Sufficiency Account". In order to request approval for this kind of account, please complete this form and return it to me no later than \_\_\_\_\_. If you have any questions, please call me at the number listed above. Thank you.

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

**What is an Independence & Self-sufficiency Account?**

This is money that you have set aside or will be saving to buy items or services that you need to keep your employment or help improve your employability or independence. If approved, this money does not count for MED Works eligibility.

**What is the maximum amount that can be approved?**

Up to \$20,000 can be approved. You must explain how you determined the amount you are requesting.

**What kinds of items can be approved?**

Your request will be considered based on your own personal situation. Any item or service, including special adaptive and assistive devices must meet these general factors:

- Your account will be used to buy something that is necessary for you to keep or increase your employability.
- You explain what will be purchased and give the time frame you have established for the purchase.
- Your goal(s) must be reasonably achievable.
- The account must not be used for personal recreation.
- The purpose for the account must be specified. Accounts for general savings will not be approved, nor will approval be given for items or services that Medicaid or another public program will provide.

**INSTRUCTIONS:** Please provide the information below. Be very specific. Use the back of the form or attach a separate sheet.

1. Items or services I will purchase.
2. Determination of the cost of the items or services.
3. Expected or estimated time of purchase.
4. My goals and reasons for purchasing the items with this account.

I am requesting to save \$\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Caseworkers: Forward completed form  
to: MS09, Bureau of Family Resources,  
Medicaid Eligibility